



ALABAMA Board of Medical Examiners Medical Licensure Commission

Newsletter and Report

www.albme.org

October 2018

2019 license and registration renewals

- All licenses and registrations (excluding PA registration agreements) are renewed annually.
- Orange renewal reminder postcards are sent to all licensees' addresses of record in October.
- Online renewal requires last name and last five digits of social security number.
Note: You do not need the postcard to renew.
- You will first be taken to a demographics page to confirm your address, telephone number(s), email address, etc. After completing the demographics, you may proceed to renewing your license and registration(s).
- Online renewal site opens Oct. 1, 2018.
- Online renewal site: www.alrenewals.org.
- **IMPORTANT: Practitioners are required to complete renewal applications. Delegation of this responsibility could result in disciplinary action should fraudulent information be inadvertently submitted to the Board or Commission.**
- Renew license first. If you have an ACSC or pain management registration, you will be prompted to renew them. Credit card payments are made separately for each licensure/registration renewal. After license has been renewed, a receipt can be printed upon completion of each transaction.
 - MD/DO Licenses
 - Expire Dec. 31
 - \$300 license renewal fee
 - Grace period Jan. 1 – Jan. 31 (**\$100 late fee added**)
 - ACSC Registrations (DEA and PDMP registrations required)
 - Expire Dec. 31 (if not renewed, may not write c.s. after this date)
 - \$150 renewal fee
 - **NO grace period**
 - Collaborative Practice (CP) Registrations
 - **NEW** There will no longer be a RENEWAL for collaborative agreements.
 - The collaborative practice registration fee is \$200 for CPs initiated after 9/4/2018.
 - Physicians may terminate a CP registration at www.albme.org/terminationform.html.
- Pain Management Registrations
 - Expire Dec. 31
 - \$100 first location
 - No charge for additional locations.
 - **NO grace period**

Physician assistant renewals

Renew license first. If you have a QACSC and/or an LPSP, you will be prompted to renew them. The QACSC must be renewed **before** the LPSP can be renewed. Credit card payments are made separately for each license/registration type. A receipt can be printed upon completion of each transaction.

- PA/AA Licenses
 - Expire Dec. 31
 - \$100 renewal fee
 - **NO grace period**
- Note:** PA Registration Agreements do not have to be renewed.
- PA QACSC/LPSP renewals (DEA and PDMP registrations required for renewal)
 - Expires Dec. 31 (if not renewed, may not write c.s. after this date)
 - Expires Dec. 31
 - \$60 renewal fee
 - **NO grace period**
- LPSP
 - \$10 renewal fee
 - **NO grace period**

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2019 Renewals, cont.

** If the supervising physician has not renewed his/her medical license and ACSC by Dec. 31, 2018, the QACSC/LPSP will become inactive and no refund will be given.*

Important: Before renewing a QACSC/LPSP, applicant must earn 4 AMA PRA Category 1 Credits™ in prescribing controlled drugs every two years after the initial 12-hour Prescribing and Pharmacology course is taken.

CRNP/CNM QACSC/LPSP renewals*

The QACSC must be renewed **before** the LPSP can be renewed. Credit card payments are made separately for each license/registration type. A receipt can be printed upon completion of each transaction.

- QACSC (DEA and PDMP registrations required for renewal)

- Expires Dec. 31
- \$60 renewal fee
- **NO grace period**

- LPSP

- Expires Dec. 31
- \$10 renewal fee
- **NO grace period**

** If the collaborating physician has not renewed his/her medical license and ACSC by Dec. 31, 2018, the QACSC/LPSP will become inactive and no refund will be given. Collaborating physicians can renew online at www.alrenewals.org.*

Important: Before renewing a QACSC/LPSP, applicant must earn 4 AMA PRA Category 1 Credits™ in prescribing controlled drugs every two years after the initial 12-hour Prescribing and Pharmacology course is taken.

Notice to Limited License and Retired Senior Volunteer License holders

Ala. Code §§ 34-24-75 and 34-24-75.1 require that a physician holding a Limited License or a Retired Senior Volunteer (RSV) license complete renewal applications for both the Limited or RSV Certificate of Qualification (COQ) and the Limited or RSV license.

A Limited or RSV COQ renewal application must be submitted to the Board **before** a Limited or RSV license renewal application can be submitted to the Medical Licensure Commission.

The COQ renewal application must be submitted before Oct. 30, 2018, in order to be eligible for license renewal. If the COQ is not renewed, the licensee will be required to start the application process from the beginning and obtain a new license.

To obtain the COQ renewal application, please contact the dean, program director or chief medical officer of the program or at the facility where you are a participant.

CME requirement for physicians and physician assistants

Twenty-five (25) AMA PRA Category 1 Credits™ or equivalent are required annually (calendar year). **Credits must be earned Jan. 1 – Dec. 31 of each year.** Licensees are responsible for reading and being familiar with Board Rules concerning CME.

Benzodiazepine use, misuse, and abuse

by J. Luke Engeriser, MD, Deputy Chief Medical Director, AltaPointe Health, Mobile

There has been a great deal of attention the past several years on the potential dangers of abuse of prescribed opioid medications; and although this attention is certainly warranted due



to our nation's current opioid epidemic and increase in opioid-related overdose deaths, other prescribed medications such as stimulants, benzodiazepines, and certain muscle relaxants also carry a risk of misuse and abuse.

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Changes to Office Based Surgery registration

Office Based Surgery (OBS) Registration is required annually for any Alabama licensed physician who performs or offers to perform any office-based surgery/procedure which requires moderate sedation, deep sedation or general anesthesia. "Office based surgery" is surgery performed outside a hospital or outpatient facility licensed by the Alabama Department of Public Health.

The Board has changed the process for OBS registration renewal. During the license renewal process, the OBS registration form will pop up if a "yes" answer is provided for the question, "Do you currently perform/offer to perform any office-based surgery/procedure which requires: (1) Moderate sedation, deep sedation, or general anesthesia; (2) Liposuction when infiltration methods such as the tumescent technique are used; or (3) Any procedure in which Propofol is administered, given or used?" If you have made an error by answering "yes," you will be able to return to the license renewal form, change your answer to "no," and proceed with your renewal. In the past, OBS registration renewal was accomplished after the license renewal period. Having the registration available as part of the license renewal process should result in greater efficiency for both the physician and the Board.

An OBS registration may be accomplished at any time through the Practitioner Portal at www.albme.org. Only if you perform the procedures named above are you required to register. Failure to register when required could result in disciplinary action against your license, including the assessment of administrative fines.

Important reminder for Collaborative Practice physicians

A Collaborative Practice registration fee of \$200 and a commencement form are required when beginning a new Collaborative Practice Agreement. This \$200 fee is the responsibility of the physician and must be paid before the application for Collaborative Practice can be considered for final approval. Final approval is crucial for the future credentialing of the CRNP or CNM.

Attention lawful aliens/foreign national licensees

All lawful/foreign national licensees practicing in this state are required to **submit a Declaration of Lawful Presence form with proof of legal presence as a nonpermanent alien.** This information must be received by the board and processed through SAVE in order to renew licenses for 2019. The online renewal program will not allow any license to be renewed until legal presence documentation has been received by the board and approved by SAVE. Likewise, manual renewals will not be processed without proper documentation.

To download the form, go to www.albme.org/Documents/Forms/declarationform.pdf.

Questions? Contact B.B. McMahan at (334) 833-0173.

only if their documentation expires this calendar year

Benzodiazepine, cont.

Benzodiazepines are commonly prescribed medications, and they have utility in the treatment of anxiety disorders, seizures, and insomnia. Like opioids, they also have a tendency to cause physiologic dependence with chronic use, and they can be deadly in overdose most commonly through respiratory depression. Respiratory depression is also the usual reason that opioids are dangerous in overdose, so the combination of opioids and benzodiazepines can be particularly problematic. Because of this potentially lethal combination, the FDA issued a black-box warning in August 2016 regarding the dangers of prescribing benzodiazepines and opioids together, and this warning is included on the label of all opioid and benzodiazepine medications. The black box warning reads in part: "... concomitant benzodiazepine use with opioids may result in profound sedation, respiratory depression, coma and death."

Benzodiazepines work by enhancing the action of gamma-aminobutyric acid (GABA) at an allosteric modulator site on the GABA receptor. They enhance the inhibitory effects of GABA in the central nervous system, and this is the basis of both the therapeutic and potentially harmful effects of benzodiazepines. The inhibitory effects of benzodiazepines can be particularly problematic in the elderly due to risk of falls and cognitive impairment. The reason they are potentially addictive is they cause a disinhibition of dopaminergic neurons that innervate parts of the limbic system important in the experience of reward. Abuse of benzodiazepines can be reinforcing because of feelings of calm, well-being, and euphoria. But like opioids, chronic use leads to physiologic dependence, and a sudden discontinuation of benzodiazepines in an individual who is a chronic user can result in a withdrawal syndrome very similar to alcohol withdrawal. Benzodiazepine withdrawal is a serious clinical issue as it can lead to seizures, delirium tremens, and even death. Patients, in an effort to avoid the unpleasant experience of benzodiazepine withdrawal, will often take repeated doses when the effects of benzodiazepines begin to wear off.

The potential addiction risk of specific benzodiazepine medications depends on both their availability and pharmacokinetic properties. Medications with a rapid onset of action combined with a short half-life carry the most risk. One of the most commonly prescribed medications in the United States is alprazolam (Xanax), and this medication is also one of the most commonly abused due to its quick onset and fast metabolism. These properties also make it very difficult to taper and stop in an individual with physiologic dependence.

Because of the tendency to cause physiologic

dependence, benzodiazepines in general should not be used as a primary treatment for chronic anxiety disorders. Happily, there are many other non-addictive effective treatments for chronic anxiety. First line medications for anxiety disorders include the selective serotonin reuptake inhibitors (SSRI's) and serotonin norepinephrine reuptake inhibitors (SNRI's). Useful non-addictive augmentation agents include buspirone and the anti-histamine hydroxyzine. Gabapentin is sometimes used off-label for anxiety, but there is increasing evidence that it also is sometimes misused and abused. Individuals with anxiety disorders may also benefit from psychotherapy techniques such as cognitive-behavioral therapy, exposure therapy, and psychodynamic therapy. There are many non-benzodiazepine medications that are effective for sleep, and these include the so-called "Z-drugs," zolpidem, eszopiclone, and zaleplon. Although these medications are related closely to benzodiazepines and can also cause respiratory depression in high doses and/or when combined with opioids, they tend to have less addictive risk than benzodiazepines.

The principles that physicians are utilizing for opioid prescribing should also be considered with benzodiazepines: use the lowest effective dose for as short a period as possible; attempt to taper carefully to lower doses in a patient prescribed chronic high dose medication; and when possible, taper and discontinue the benzodiazepine. Tapering may be easier with a longer-acting benzodiazepine such as clonazepam than a shorter-acting benzodiazepine such as alprazolam; so the first step is often to switch to an equivalent dose of a longer-acting medication.

As prescribing patterns with opioids begin to change, there will be increasing attention to the dangers of benzodiazepines. As an example, a recent *New England Journal of Medicine* article highlighted some of the risks inherent in the prescribing of benzodiazepines. The full article can be accessed at www.nejm.org/doi/full/10.1056/NEJMp1715050. It is important that all providers carefully screen patients for a history of drug and alcohol addiction and current substance use before prescribing benzodiazepines to decrease the risk of abuse or dangerous drug interactions. Regular review of the Alabama Prescription Drug Monitoring Program (PDMP) can help avoid inadvertent use of benzodiazepines together with prescribed opioids.

Practitioner Portal update

The Practitioner Portal is the online profile that practitioners can use to view and make certain changes to their information and to renew their licenses and registrations during the renewal period. Practitioners will access the Practitioner Portal by using the “Enter Practitioner Portal”

button on the home page of the BME website (www.albme.org). To log into the portal, practitioners will enter the last five digits of their social security number and their last name. Once practitioners login to their profile, they can view and/or do the following:

- Pay fines or other charges by credit card (this does not include applications yet, but that is coming).
- Register for office-based surgery using the “OBS Registration” button at the top.
- Update and change addresses on file. To make changes, a practitioner will click on the “Update Address” button on the right side of the “Address Information” section and follow the step-by-step instructions through the process. All address changes for active licenses and registrations should be processed through the portal.
- Update and change contact information such as phone numbers and email addresses.
- Add, update, and view board certifications.
- Update and add primary specialty. The primary specialty is the type of practice a practitioner is involved in, which may or may not be the same as board certifications. Every physician is required to provide a type of practice but not all will have a board certification.
- Update and add other states in which they hold licenses.
- View the active licenses and registrations they hold and information such as issue dates, renewal dates, and expiration dates.
- View requirements for collaborative practice and registration agreements.
- Print copies of their certificates. By clicking on the printer icon in the “Certificate” column located to the right of each license or registration, practitioners can print or save a copy of their license certificates as well as print duplicate copies of same.
- View and print renewal receipts.
- View and print renewal responses.
- During renewals, practitioners can also view and print the invoices for their renewals if they choose to pay by check.

New features and updates

Updates to the Practitioner Portal will be announced in future issues of the *BME Newsletter and Report* as new features are added.

FSMB releases recommendations on regulating physicians’ use of stem cell and regenerative therapies

Washington, D.C. (May 7, 2018)

The Federation of State Medical Boards (FSMB) has released a [report](#) recommending best practices for regulating the promotion, communication and practices of treatments received at stem cell clinics in the United States. The report was drafted by FSMB’s Workgroup to Study Regenerative and Stem Cell Therapy Practices and aims to raise awareness about these practices generally, outline potential benefits and risks, as well as provide basic guidance for state medical boards and their licensees.

The Workgroup was established in response to a request from Senator Lamar Alexander (TN-R), chairman of the Senate Health, Education, Labor, and Pensions (HELP) Committee. Sen. Alexander asked the FSMB to lead efforts to develop recommendations for state medical boards in their pursuit to help protect patients from unproven or unethical stem cell treatments.

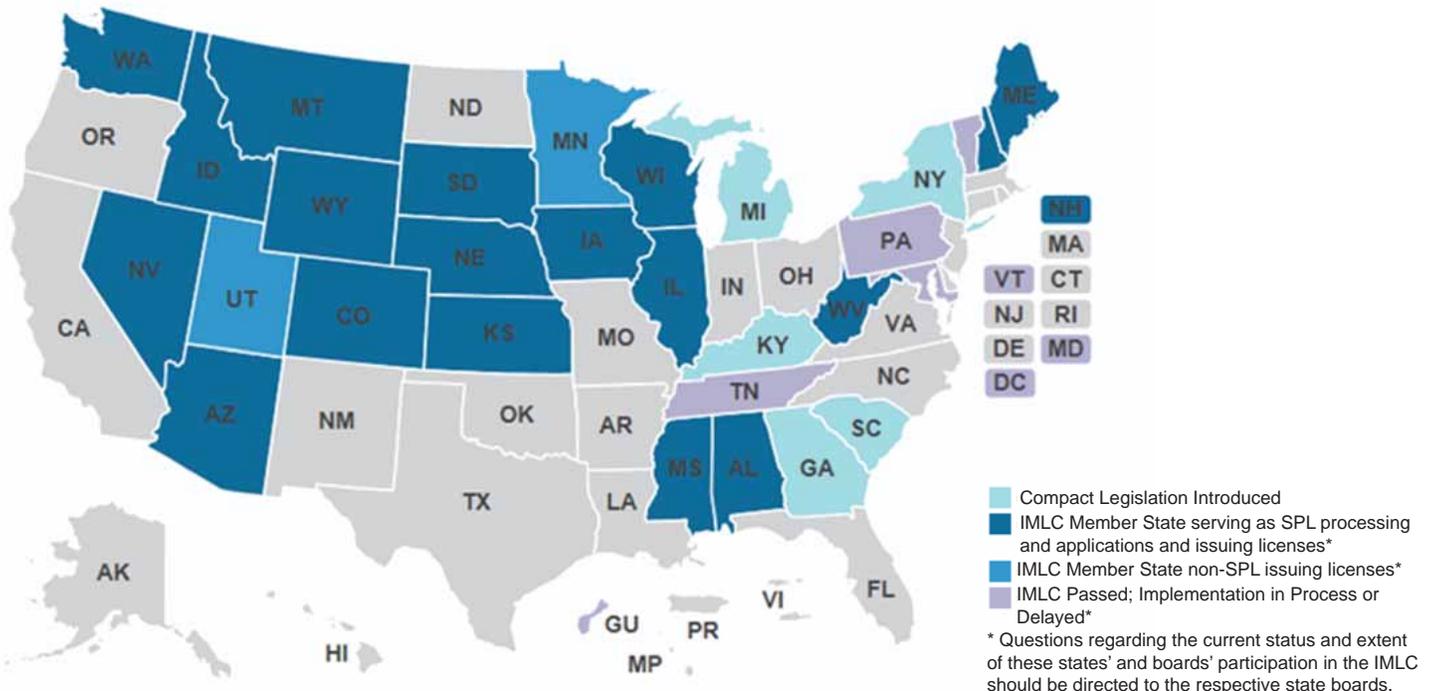
“The field of stem cell therapies is rapidly evolving, and with that advancement comes the need for consistent regulation to ensure patients are not being exploited or harmed,” said Humayun J. Chaudhry, DO, MACP, president and CEO of the FSMB. “We are hopeful that these recommendations will provide guidance in helping to achieve an appropriate balance between respecting patient autonomy and protecting patients from the risks of unproven and potentially dangerous interventions.”

Appointed by Greg Snyder, MD, former chair of the FSMB Board of Directors, the Workgroup included members of state medical boards, subject matter experts, and a patient representative. The report and its recommendations were voted on and passed unanimously by the FSMB House of Delegates at FSMB’s Annual Meeting in Charlotte, NC.



IMLC now covers half the country

On June 5, 2018, the Interstate Medical Licensure Compact (IMLC) Commission announced the District of Columbia had become the 26th member state/territory/district to join the commission.



JMR announces special CME edition to address physician wellness and burnout

The *Journal of Medical Regulation* (JMR) has published a special Continuing Medical Education edition addressing physician wellness and burnout – a serious issue on the rise in the United States.

Studies have shown that at any time, as many as half of U.S. physicians may be suffering from at least one symptom of burnout, which has been documented to be a threat to patient safety and effective medical care. Major health care organizations, including the National Academy of Medicine, have launched initiatives recently to address the issue.

The special JMR edition includes four articles on the topic of burnout and wellness, along with the full text of the FSMB's new policy. To view the content, go to <http://bit.ly/2n99xGR>.



2019 ICD-10 Code changes effective Oct. 1, 2018

The Centers for Disease Control and Prevention has released the fiscal year 2019 ICD-10-CM code changes, which become effective Oct. 1, 2018. Included in the 473 total new code changes are 279 new codes, 143 revised codes, 51 deactivated codes, and 39 additional changes added from a proposed rule list.

The FY 2019 ICD-10-CM is available in PDF and XML formats. More information and downloadable material can be found on the CMS website at: <https://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-CM.html> as well as *ICD-10-CM Official Guidelines for Coding and Reporting*.

Prescribing and Pharmacology of Controlled Drugs – 2019

New Topics, New Speakers!

March 2-3, 2019

Prescribing and Pharmacology of Controlled Drugs

Host: Edward Via College of Osteopathic Medicine (VCOM)

Accommodations: Auburn University Hotel & Conference Center

August 2-4, 2019

Prescribing and Pharmacology of Controlled Drugs

Sandestin Golf & Beach Resort

Nov. 23-24, 2019

Prescribing and Pharmacology of Controlled Drugs

Hyatt Regency Birmingham – The Wynfrey Hotel

Also ...

Friday, Nov. 22, 2019

- Targeted Update for Advanced Practice Nurses & Physician Assistants

- Medical Ethics

Hyatt Regency Birmingham – The Wynfrey Hotel

Here's what practitioners had to say about the 2018 courses.

"Good introductory program for prescribing in AL."

"This was an excellent educational experience. All providers would greatly benefit from it, regardless of their plan to write or not write opioids."

"I can't put into words how much I have learned through the multiple (prescribing) conferences I have attended. Thank you so much."

"Lots of good information. Great to get solid facts and guidelines completely free of commercial bias."

"Outstanding lectures!"

Be on the lookout for agenda and registration information at www.alamedical.org/prescribing.

Report of Public Actions of the Medical Licensure Commission and Board of Medical Examiners

Mission: The Alabama Board of Medical Examiners and the Medical Licensure Commission are charged with protecting the health and safety of the citizens of the state of Alabama.

MLC – June 2018

◆ Effective Jun. 29, by Order of the Commission, the license to practice medicine in Alabama of **Stephen M. Sawrie, MD**, lic. no. MD.26183, Chickasaw, AL, is temporarily suspended until such time as the Administrative Complaint of the Board shall be heard and a decision rendered thereon.

BME – June 2018

◆ On Jun. 20, the Board accepted the voluntary surrender of the certificate of qualification to practice medicine in Alabama of **William B. Nickell, MD**, lic. no. MD.3370, Birmingham, AL.

◆ On Jun. 20, the Board issued an Order denying the request for reinstatement of the Alabama Controlled Substances Certificate of **James E. Parker, MD**, lic. no. MD.15131, Birmingham, AL.

◆ On June 29, the Board issued an Interim Order providing for monitoring of **William T. Hall, Jr., MD**, lic. no. MD.8930, Birmingham, AL.

MLC – July 2018

◆ Effective July 6, by Order of the Commission, the license to practice medicine in Alabama of **Thomas R. Dempsey, MD**, lic. no. MD.10008,

Mobile, AL, is temporarily suspended until such time as the Administrative Complaint of the Board shall be heard and a decision rendered thereon.

◆ On July 11, the Commission issued an Order modifying the practice plan of **Barry Neal Lumpkins, MD**, lic. no. MD.24548, Florence, AL.

MLC – August 2018

◆ On Aug. 9, the Commission entered an Order amending its prior order concerning **Ronald E. Calhoun, Jr., MD**, lic. no. MD.26933, Stevenson, AL.

BME – August 2018

◆ Effective Aug. 1, the Board denied the application for a certificate of qualification to practice medicine in Alabama of **Gursheel S. Dhillon, MD**, Nashville, TN.

◆ On Aug. 15, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of **Richard A. Stehl, MD**, lic. no. MD.27593, Montgomery, AL.

Actions on ACSC for not being registered for PDMP (administrative fine):

- **Scott Burton Robbins, MD**, lic. no. MD.21267, Dothan, AL

Actions on ACSC for prescribing controlled substances with expired ACSC (administrative fine):

None to date



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2018 BME Meeting Dates

October 17
November 15
December 12

The public portion of each meeting is scheduled for 10:00 a.m. CT (unless otherwise indicated) in the Dixon-Parker Building located at 848 Washington Avenue, Montgomery, Ala.

Meeting agendas and a full list of meeting dates and times can be found on the Board's website:

www.albme.org

2018 MLC Meeting Dates

October 24
November 28
December 20

Meetings are held in the Dixon-Parker Building, 848 Washington Avenue, Montgomery, Ala.

QUESTIONS OR ASSISTANCE

Alabama Board of Medical Examiners (334) 242-4116

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- Collaborative Practice:** Patricia Ward, RN
 Amy Wybenga, CRNP

Medical Licensure Commission..... (334) 242-4153

Executive Assistant: Karen Silas

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